

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



CONFIRMATION NO. 2814

SERIAL NUMBER 10/781,037	FILING OR 371(c) DATE 02/18/2004 RULE	CLASS 398	GROUP ART UNIT 2613	ATTORNEY DOCKET NO. 5000-1-426
APPLICANTS Jong-Kwon Kim, Taejonkwangyok-shi, KOREA, REPUBLIC OF; Ki-Cheol Lee, Suwon-shi, KOREA, REPUBLIC OF; Jun-Ho Koh, Suwon-shi, KOREA, REPUBLIC OF;				
** CONTINUING DATA ***** <div style="text-align: right; margin-right: 50px;"><i>None</i></div>				
** FOREIGN APPLICATIONS ***** REPUBLIC OF KOREA 2003-27671 04/30/2003 <div style="text-align: right; margin-right: 50px;"><i>UP</i></div>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/13/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u> </u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY KOREA, REPUBLIC OF	SHEETS DRAWING 10	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
ADDRESS 33942				
TITLE Bi-directional wavelength division multiplexing self-healing optical ring network				
FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees (Filing)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees (Issue)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Other _____</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Credit</div>		